Personal, Family, Social History - ADULT

Heritage Family Medicine.com

____/____/____ ←Birthdate (MM/DD/YY) _____ ← Age

Name:_____ Date:_____

Medicines taken regularly	Reason

☑ If **YOU** have had	Year	Dr.s Use
❑ Meningitis		
❑ Valley fever		
❑ Malaria		
❑ Hives / Urticaria		
❑ Venereal disease / STD		
❑ Arthritis		
❑ Rheumatic fever		
❑ Heart murmur		
❑ Loss of consciousness		
❑ Blood clot		
❑ Blood transfusion		
❑ Hepatitis		
❑ Hay fever		
❑ Glaucoma		

Serious injury/burn (where): _____

Broken bones (which): _____

Hospitalization for (non-OB): _____

Surgery to: _____

Other significant history: _____

Medication Problems	Reaction

NON-Medication Allergies	Reaction

Immunizations	Year	Immunizations	Year
Tetanus		Hepatitis A	
Influenza		Hepatitis B	
Pneumonia		Polio	
Whooping Cough / Pertussis			

Women

Age at first menses: _____ Age at menopause: _____

Current cycle length (day 1 to day 1): _____ days.

# of pregnancies: _____ # of miscarriages: _____ # of abortions: _____

Current birth control method: _____

Anticipate pregnancy in the next 3 years? ❑ Yes ❑ No

Abnormal PAP smear? year: _____ Grade: _____

How treated: _____

How many subsequent normal PAP smears? _____

Abnormal Mammogram? year: _____ ❑ Left ❑ Right

Men

How many children have you fathered? _____

How many children are you actively relating to? _____

☑ If **YOU** or any close **blood** relative have had:	Please specify: **SELF**, Fa, Mo, Bro, Sis, Son, Dau
❑ Anemia	
❑ Bleeding tendency	
❑ Repeated infections	
❑ Heart attack	
❑ Tuberculosis	
❑ High blood pressure	
❑ Asthma, other lung problem	
❑ Severe allergies	
❑ Mental or emotional illness	
❑ Suicide attempt	
❑ Seizures / tremors	
❑ Migraine headaches	
❑ Diabetes	
❑ Gout	
❑ Significantly overweight	
❑ Irritable Bowel Syndrome	
❑ Leukemia	
❑ Cancer of_____	
❑ _____	
❑ Alcohol / drug problems	
❑ Family violence / abuse	

Personal Information	Fill In or Circle

Birth place: _____ Years of school: _____

Marital status: S M D W Partner Times married: _____

Jobs held (start with most current): _____

Religion (heritage or current): _____

Importance to me: None Average Important Vital

In an average **week** I exercise / work vigorously_____ hours.

My compliance with a healthy diet is:

Poor Fair Good Excellent

I am sexually attracted to: men women both

On an average day I:

smoke/use _____ cigarettes/cigars/cans of tobacco/snuff

drink _____ oz. of beer _____ oz. of wine

_____ oz. of liquor _____ oz. of coffee / tea

Wear seat belts almost all the time: Yes No

Home has working smoke alarm: Yes No

If over 30, approximate total Cholesterol: _____ mg / dl

Have you completed a:

"Living Will" Yes No

If so, where is it filed? _____

"Power of Attorney for Health" Yes No

If so, where is it filed? _____

"Organ Donor Declaration" Yes No

If so, where is it filed? _____

Whom do you share a home with?

Name	Age	Relationship	Their health